



Village of Broadview

Municipal Building

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Maxine Johnson, Village Clerk

FREEDOM OF INFORMATION ACT REQUEST FORM

DATE: _____

FROM: _____

TO: _____

ADDRESS: _____

DEPT: _____

PHONE: _____

DESCRIPTION OF REQUESTED RECORD/FILE FOLDERS:

Please indicate if you wish to only inspect the above records or wish a copy of them.

The first 50 copies are *free*. Each additional copy will cost .15 cents per page.

 Inspection Copy Both Do you wish to have copies certified?

I am not seeking the above captioned records for the purpose of furthering commercial enterprise. _____

Signature of Requestor

DO NOT WRITE BELOW THIS LINE

Date

Received: _____

Date Response Due: _____

Record made available: _____

Copies Made: Yes No

How many: _____

Fee \$ _____

Request Denied? _____

Reason: _____

Signature of Clerk

Date